

TAKE WARNING! HEALTH INSURANCE.

"In the ordinary family things run this way:" says the *American Magazine*, "The head of the house is earning enough to support those dependent on him and lay by a little for the rainy day. All goes well until some member of the household has an accident or is taken sick. Then expenses pile up—sometimes in excess of the earning power of the man of the family. Many . . . have experienced the sensation of paying out more in a month for doctors and nurses than they have received in salary or income."

"Doctors and nurses," to which we might add dentists, druggists, hospitals and undertakers. And while the above served the *American* as an introduction to an article by Richard Cabot, wherein he makes a plea for more team work among doctors—group diagnosis and group treatment—a plea well worth listening to (even though Cabot makes several assertions to which we may rightly take exception), we would use it as an appeal to the profession at large to devote some little study to the question of health insurance.

Industrial accident insurance has in a great measure replaced the old scheme of employers' liability. Physicians in this state well remember how they at first objected to the medical features of the plan, and how ineffective their resistance proved. And even now, as we write, we see one County Society declaring that "no fee bill for industrial accident insurance work be accepted again by the State Medical Society." But as in the past, no better scheme is proposed. *La critique est aisée, l'art est difficile.*

The industrial accident laws have not been so hard upon the profession as many would have us believe. On the other hand, they have probably done something toward raising the standard of the care usually afforded the class of patients involved. While they may have made a few malingerers among workmen, and developed a few notorious "padders" in the medical profession, still, on the whole, the results have been far from bad.

But good or bad—medically, is not what counts. There are some 150,000 physicians in the U. S., one to each 600 of population. A goodly number, it is true, and surely a body of sufficient magnitude to warrant their obtaining great consideration at the hands of law-makers. But what of the 20 to 24 million of the working class earning less than \$1000 a year, who require but cannot always afford medical care? They are not only a great political power—they are a large percentage of the great public whom we serve, and who look upon us as their servants.

"Sickness" or rather "health insurance" is in the air. The magazines are discussing it. Social workers are investigating it. Commissions are being appointed for its study. Before we know it, it will be upon us. How are we to face it?

It is true that the success of sickness insurance depends largely upon the successful organization of medical aid. But if the profession has no views, no plan to suggest, insurance companies and commissions will have, and it is in order to arouse

interest in these live issues that we reproduce an editorial which appeared in the *N. Y. State Journal of Medicine* of February, 1916, apropos of a Health Insurance bill introduced in their legislature.

RECORDS.

Once more we refer to the very important subject of records. This time it is brought forcibly to mind by two suits which have been filed quite recently against members of the Society in San Francisco. In one case the physician who originally treated the patient kept very careful records and insisted that the hospital keep careful records of everything that happened. Subsequently when this patient, becoming dissatisfied, went to another hospital and came under the charge of other physicians, they too kept careful records of everything. This suit, should it ever come to trial, will not be a difficult one to defend, for the reason that the record was complete and it can be easily shown that the physician member sued did everything consistent with due care, skill and judgment. In the second case the condition of things is entirely otherwise. Not only did this physician keep no records, but there is no record in the hospital of his connection with the case. He is a man of rather poorer memory than the average and it is going to be exceedingly difficult to present to a jury, should it come to that point, satisfactory reasons and explanations for a number of things in connection with the treatment. Nothing is so simple as to be unimportant; a cut finger may eventually mean a lost arm or a dead body, and it may be necessary for the physician who treated the cut finger to explain. You may think it too much trouble to keep careful records of your work from day to day, but you will sadly and regretfully wish that you had them in the event that a suit is filed against you and you find yourself without records.

NEW AND NON-OFFICIAL REMEDIES.

This publication of the American Medical Association through its Council on Pharmacy and Chemistry, has just been issued for the year 1916. It is one of the most valuable books now being published in the United States, and it is a pleasure to reprint portions of the letter received advising of the publication of the book. The price is \$1.00 postpaid, and it can be had of the American Medical Association, 535 North Dearborn street, Chicago, Ill. A copy of it should be in the office of every live, up-to-date practicing physician:

The profession as a whole does not as yet fully appreciate the character, the scope and above all the practical value of this book to the practicing physician. Perhaps it is because its size is so unpretentious, the price asked for it so small and the contents so conservative and unsensational in character that a hasty and superficial examination does not reveal its true worth.

Although it may be an old story to you, will you allow me to emphasize anew some of the important points in connection with this book? New and Non-official Remedies, in the first place, contains descriptions of the newer remedies that are worth the physician's con-